



SAPPHIREAward
THE BLUE FOUNDATION FOR A HEALTHY FLORIDA

Recognizing Community Health Excellence

N O M I N A T I O N F O R M

The Blue Foundation
FOR A HEALTHY FLORIDA



The Blue Foundation for a Healthy Florida and its Parent, Blue Cross and Blue Shield of Florida, are Independent Licensees of the Blue Cross and Blue Shield Association.

The Blue Foundation for a Healthy Florida Sapphire Award

ORGANIZATION ELIGIBILITY

Only organizations deemed eligible by The Blue Foundation will be considered. Criteria includes:

1. Organizations must have a proven record of improving the health of their community through measurable outcomes.
2. Organizations must be Internal Revenue Service recognized tax-exempt organizations under section 501(c)(3) of the federal tax code.
3. Organizations must officially reside and be incorporated in the state of Florida.
4. Organizations must have programs that are involved with health-related services.
5. Only completed nominations, meeting all eligibility requirements, will be reviewed for consideration.

Current Blue Foundation grant recipients or applicants are eligible for this Award, so long as the program being identified meets The Sapphire Award eligibility requirements.

NOMINATOR ELIGIBILITY

We respect that nominations take time away from other activity so we want to ensure that this Award's goals are clear. We have attempted to identify below who can and cannot serve as a nominator, and thereby help this program realize its goals in effectively and fairly identifying outstanding community health initiatives.

Nominations can be initiated by: a health professional, volunteer, board member, or client, who knows first-hand the organization's work; a representative of a partnering organization, such as another non-profit organization or government agency; a representative of a foundation, corporation or other funding institution; a program evaluator; or someone else who has direct knowledge of the organization's work and impact. The organization can initiate its own nomination, and request nominations from key people so long as all three nominations are entirely completed by the nominators themselves.

Nominations from development or public relations staff, consultants, or professional grantwriters will not be accepted. In that spirit, we ask that forms not be "ghost written" by others, and that nominators sign their nominations affirming their completion of the form. The Blue Foundation will follow up with selected nominations by contacting the nominators and others in the community to learn more about the nominated organization and its programs.

Relevant attachments, such as program brochures, newsletters and news clippings with dates, are not necessary, but may be included if deemed particularly important. Items will not be returned. Additional letters of reference beyond the three named nominators will not be considered, unless The Blue Foundation specifically requests such information.

The Blue Foundation for a Healthy Florida Sapphire Award Recognizing Community Health Excellence Nominator Form/Requirements

PURPOSE OF THE AWARD

The Sapphire Award is designed to recognize and promote programs which have demonstrated impact in improving the health-related outcomes of Florida's at-risk populations and communities. The Award's recognition of effective initiatives is meant to promote greater and more lasting support for improved services and systems that can be sustained over time. Strategies that build on community assets, enhance organizational capacity, foster systemic change, and/or lead to lasting policy changes that improve health, will be especially sought after through this Award. Successful nominations will make a strong case that the Award will meet The Blue Foundation's articulated goals.

NATURE OF THE AWARD AND AWARD PROCESS

The Sapphire Award recognizes and awards community health programs that have demonstrated success and high merit. It is not a grant program, and while there is a financial award, nominations should not be based on the idea of raising funds without regard to recognizing demonstrated success.

Three persons familiar with the organization are required to nominate the organization for The Sapphire Award. Up to three non-profit winners will be selected annually, each receiving a financial award toward their defined community health objectives, in an amount not to exceed \$120,000 per organization. In addition, limited promotional support will be made available to help educate the public and various stakeholders about winning projects. All final decisions determining Award recipients will be made by an independent Selection Committee of public health and health communication experts from around Florida and the nation. Award announcements will likely be made in Fall 2005.

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THE SAPPHIRE AWARD SELECTION COMMITTEE

NATIONAL

MICHAEL BEACHLER, MPH

Founding Director, Rural Health Policy Center; Associate Professor, Department of Family and Health Policy, Pennsylvania State University; former Senior Program Officer, Robert Wood Johnson Foundation; Hershey, PA

JUDYANN BIGBY, MD

Medical Director, Office for Women, Family and Community Programs, Brigham and Women's Hospital; Associate Professor, Harvard Medical School; Boston, MA

JAMES STOUT, MD, MPH

Associate Professor of Pediatrics, University of Washington; former Medical Director, Odessa Brown Children's Clinic; Seattle, WA

FLORIDA

CYRIL BLAVO, DO, MPH

Chair, Department of Pediatrics, Nova Southeastern University; Fort Lauderdale

KRISTI KRUEGER

Television News Anchor and Health Reporter, WPLG TV; Miami

CHARLES MAHAN, MD, Selection Committee Chair

Professor, Community and Family Health/Obstetrics; former Dean, College of Public Health; University of South Florida; Sarasota

KAREN PELHAM

Director, Policy and Legislative Affairs, Florida Association of Community Health Centers; Tallahassee

LISA SIMPSON, MB, BCh, MPH

Chair, Child Health Policy, University of South Florida and All Children's Hospital; Sarasota

RANDY KAMMER

Vice President, Regulatory Affairs and Public Policy, Blue Cross and Blue Shield of Florida; President of the Board of Directors, The Blue Foundation for a Healthy Florida; Jacksonville

The Blue Foundation for a Healthy Florida Sapphire Award

The following **MUST** be included in each nomination packet:

1. Completed Nominated Organization form.
2. Completed Nominator Contact Information form.
3. Three (3) completed and signed Nominator forms with numbered responses from specific individuals named in the Nominator Contact Information form.
4. Most recent Audited Financial Statement of the organization. If there is a specific financial accounting for the program or activities being recognized, please identify and include this information as well.
5. Copy of IRS letter stating 501(c)(3) status.
6. Copy of Board of Directors roster with affiliations.

All materials must be received by no later than 5:00 p.m., June 29, 2005.

For review purposes, *mail four complete sets of all materials to:*

The Sapphire Award

The Blue Foundation for a Healthy Florida

4800 Deerwood Campus Parkway, Bldg. 300, 4th Floor

Jacksonville, FL 32246-8273

Inquiries can be made to: TheSapphireAward@bcbsfl.com

Telephone: 1-800-477-3736, ext. 63215

Please note: Submitted items will not be returned

The Blue Foundation for a Healthy Florida Sapphire Award Nominated Organization Form

[To be filled out by the organization being nominated]

NOMINATED ORGANIZATION

Name of Organization

Mailing Address

City

State

Zip

Name and Title of Organization Executive Director, President or CEO

Main Telephone Number

Telephone Number of Executive Dir./President or CEO

Fax Number

Web Site *(if applicable)*

Employer Identification Number

Email Address

Organization's operating budget for the current fiscal year:

\$ _____

In what year was the organization established?

In what year was the nominated organization's health-related program first implemented?

Please collect all completed and signed nominations by individuals and send all materials as a **single packet.**

The Blue Foundation for a Healthy Florida Sapphire Award Nominator Form

QUESTIONS TO BE COMPLETED BY EACH NOMINATOR

Please answer the following five questions to the best of your ability, and type or print clearly on separate paper. Please number your answers with corresponding question numbers. We realize and respect that not all nominators will be able to provide in-depth answers to each question. Please answer as best you can from your knowledge and experience.

PLEASE NOTE: All nominators must sign their name and type or print their name on all pages used to complete their information. Use page lengths as indicated by each question. Longer responses will not be considered. Nomination comments may be used in materials to promote outstanding programs.

For all responses, please:

- type in 12 point font or clearly print
- double space and use one-inch margins
- number all responses and pages

1. Briefly describe the *goals of the program and the program characteristics that are in place to meet each of these goals*. [maximum 500 words – 2 double-spaced pages]
2. Briefly *describe the community/population being served by the program*. Please be as specific as possible with factual data about the size of the community or population served and its composition (e.g., racial/ethnic composition, gender, age range, urban/suburban/rural, and the economic status of those served). [maximum 250 words – 1 double-spaced page]
3. State as factually as you can exactly *how this program (e.g., its characteristics, structure, and practice) is successful, noting empirical evidence of success*. Please give in your words *specific examples of the program's impact on the community, and how the population served has come to use and benefit from the program*. [maximum 500 words – 2 double-spaced pages]
4. Please provide *one or two examples of how this program has overcome obstacles to success*. [maximum 500 words – 2 double-spaced pages]
5. *Is there anything else about this program you want to convey, such as what makes it so exceptional and/or beneficial that you are motivated to nominate it?* [maximum 250 words – 1 double-spaced page]

Complete the Nominator Form and place in front of your completed questions.

Inquiries can be made to: TheSapphireAward@bcbsfl.com. Telephone: 1-800-477-3736, ext. 63215.

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NOMINATOR CONTACT INFORMATION

Please type, print clearly, or word process on a separate sheet. To be completed by Nominated Organization.

Nominator 1

Name

Title (if applicable)

Address

City State Zip

Organization *(if applicable)*

Telephone Number(s) *(specify work/home/cell)*

Email Address

Relationship with the organization being nominated
(e.g., board member, volunteer, client, etc.)

Nominator 2

Name

Title (if applicable)

Address

City State Zip

Organization *(if applicable)*

Telephone Number(s) *(specify work/home/cell)*

Email Address

Relationship with the organization being nominated
(e.g., board member, volunteer, client, etc.)

Nominator 3

Name

Title (if applicable)

Address

City State Zip

Organization *(if applicable)*

Telephone Number(s) *(specify work/home/cell)*

Email Address

Relationship with the organization being nominated
(e.g., board member, volunteer, client, etc.)

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NOMINATOR FORM

Contact information to be filled out by each individual person making a nomination, and sent with all other materials from the nonprofit organization whose program is nominated. As noted in the program's guidelines, nominations can be from a variety of non-organizational staff who have first-hand knowledge of the organization's work. The organization can initiate its own nomination so long as all three nominations are written by the nominators themselves. The Blue Foundation will follow up with selected nominations by contacting the nominators and others in the community to learn more about the nominee and its program.

Name of Nominated Organization	Date
Your Name (Nominator)	Your Organization (if applicable)
Street Address	Evening Phone Number
City State Zip	Email
Day Phone Number	Your Organization Website (if applicable)
Fax Number	Signature of Nominator

How did you learn about The Blue Foundation for a Healthy Florida Sapphire Award?

Are you directly involved in the nominated organization? *(please check)* YES ☐ NO ☐

If you are involved, please indicate your role: *(please indicate with a check under "Role," and note what years you have been involved, such as 1999-2003)*

	Role	Years Involved
Board Member	_____	_____
Advisory Board Member	_____	_____
Staff Member	_____	_____
Volunteer	_____	_____
Consumer	_____	_____
Other <i>(please indicate role)</i>	_____	_____

If you are not now or have never been directly involved with the nominated organization, please indicate your relationship with the organization and how you know of their work:

With my signature I am formally affirming that I have personally written this nomination in my words and that I understand that nomination comments may be used for program promotional purposes.

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Blue Cross and Blue Shield of Florida
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